

# Work Order ID 85391

June-07-12 9:26:31 AM

**\*85391\***

Page 1

Item ID: D4381-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: X-tube Strap Bumper

Start Date: 07/06/2012 Start Qty: 100.00

**\*100\***

Cust Item ID:

Required Date: 21/06/2012 Req'd Qty: 100.00

**\*100\***

Customer:

Reference:

Approvals: Process Plan: MLJ

Date: 12/08/07 Tooling:

Date:

Run Start **\*NR1\***

QC:

Date: SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
<b>Draw Nbr</b>	<b>Revision Nbr</b>								
D4381	A								
100	PURCHASING	0.00							
<b>*100*</b>									
Purchasing	Memo	0.00							
Purchasing	Issue P/O: <u>17161</u>								
	Manufacture as per Dwg D4381								
	Possible Supplier: VIP Rubber Company, Inc								
	Material release note required								
110	Receive & Inspect for Damage & Mat'l Certs	0.00							
<b>*110*</b>									
Packaging	Memo	0.00							
Packaging	Ensure Material Release Note is attached								
120	QC6- Inspect dimensions to drawing	0.00							
<b>*120*</b>									
QC	Memo	0.00							
Quality Control	NEED A 100% VISUAL INSPECTION FOR ALL RECEIVED PARTS, FOR CRACKS OR LARGE VOIDS								

CD 12/06/07 (100)

12/27/26 (110)

12/27/26 (110)

**DAS**  
**16**  
**9-63**

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Work Order ID 85391

June-07-12 9:26:31 AM

**\*85391\***

Page 2

Item ID: D4381-1

Accept

**\*N900040100\***

Setup Start **\*NS1\***

Revision ID:

Item Name: X-tube Strap Bumper

Stop **\*NS2\***

Start Date: 07/06/2012 Start Qty: 100.00

**\*100\***

Cust Item ID:

Required Date: 21/06/2012 Req'd Qty: 100.00

**\*100\***

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run Start **\*NR1\***

QC:

Date:

SPC (Y/N):

Date:

Stop **\*NR2\***

Sequence ID/  
Work Center ID

Operation  
Description

Set Up/  
Run Hours

Tool ID Tool #

Plan  
Code

Accept  
Qty

Reject  
Qty

Reject  
Number

Insp.  
Stamp

130

Identify as per dwg & Stock Location: ST114

0.00

**\*130\***

Packaging

Memo

0.00

Packaging

100

12/08/01 JB

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

Memo

0.00

Quality Control

12/8/2

MLJ 12/08/01

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries

# Picklist Print

June-07-12 9:26:35 AM

Page 1

Work Order ID: 85391

\*85391\*

Parent Item: D4381-1

\*D4381-1\*

Parent Item Name: X-tube Strap Bumper

Start Date: 07/06/2012

Required Date: 21/06/2012

Start Qty: 100.00

Required Qty: 100.00

Comments: IPP REV:A 11.05.10 new issue DD verf;JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D4381-1P		Purchased		No		110	Each	0.0000	1	100			

\*D4381-1P\*

X-tube Strap Bumper

\*\*

11/2/26 (11/2)

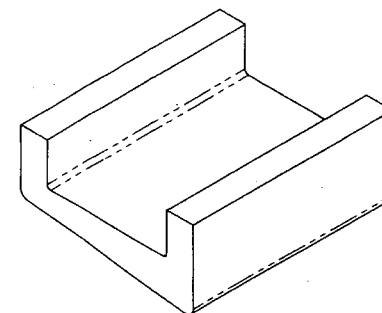
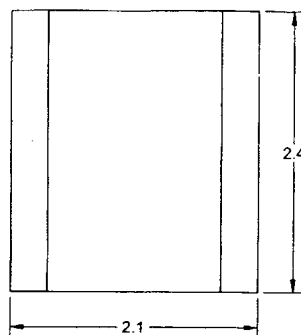
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

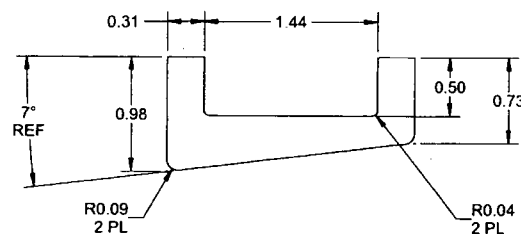
NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

**NOTE:** Date & initial all entries



SHOP COPY  
RETURN TO  
ENGINEERING  
UNCONTROLLED COPY  
SUBJECT TO AMENDMENT  
WITHOUT NOTICE  
WORK ORDER  
NO. 05391 MJS

12/06/07



**D4381-1 X-TUBE STRAP BUMPER**

- NOTES:
- 1) MATERIAL: POLYURETHANE, 80-85 DUROMETER, BLACK
  - 2) FINISH: NONE
  - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
  - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
  - 5) BREAK SHARP EDGES: N/A
  - 6) IDENTIFICATION: NONE
  - 7) WEIGHT: 0.09 lbs APPROX

RELEASED  
2011-11-02

A	NEW ISSUE	AJS	11.04.13
REV.	DESCRIPTION	BY	DATE
DESIGN	AJS	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA	
DRAWN	AJS		
CHECKED	<i>[Signature]</i>	DRAWING NO.	REV. A
MFG. APPR.	<i>[Signature]</i>	D4381	SHEET 1 OF 1
APPROVED	<i>[Signature]</i>	TITLE	SCALE
DE APPR.	<i>[Signature]</i>	X-TUBE STRAP BUMPER	NTS
DATE	11.04.13	<small>COPYRIGHT © 2011 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small>	



Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO16448

Purchase Order Date 3/15/12

PO Print Date 3/15/12

Page Number 1 of 1

Order From :

VC-BRA001

BRANSON  
306 TOWN CENTER BLVD.  
MARKHAM, ON L3R 0Y6  
CA

Contact Name

Vendor Phone

Vendor Fax

Vendor Account Nbr

905 948 3401

905 948 3417

Buyer

Requisition Nbr

Tax Resale Nbr

Terms

Currency

FOB

Chantal Lavoie

10127-2607

Net 30

CAD

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA



Line Nbr	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extens.
		109-085-055 COLLET TIP	3/23/12 Yes	2.00 Each	FedEx PI collect	\$92,400.00	\$184,800.00
				recu 1			
2	Deliver To: DARYL	109-085-056 25 BLADES	3/23/12 Yes	1.00 Each	FedEx PI collect	\$154,000.00	\$154,000.00
				✓			
	Deliver To: DARYL						
PO Total:							\$338,800.00

U cd

No substitution or deviation without  
consent.  
Certificate of Conformity or Material  
Certification required when applicable

Change Nbr: 1

Change Date: 3/15/12





Dart Aerospace Ltd.  
1270 Aberdeen Street  
Hawkesbury, ON K6A 1K7  
Tel: 613 632 9577  
Fax: 613 632 1053

## PURCHASE ORDER

Purchase Order ID PO17161

Purchase Order Date 6/07/12

PO Print Date 6/13/12

Page Number 1 of 1

Order From :

VU-VIP001

VIP RUBBER COMPANY INC.  
540 SOUTH CYPRESS STREET  
LA HABRA, CA 90631  
US

Contact Name

Vendor Phone

562 905 3456

Vendor Fax

562 905 3460

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

USD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN  
HAWKESBURY, ON K6A 1K7  
CANADA

*REUSED*

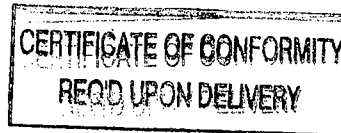
Line No	Reference Revision ID Vendor Part Number	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	1-IP	X-tube Strap Bumper	7/10/12 Yes	100.00 Each	FedEx PI collect	\$4.5300	\$455.00

Special Inst: AS PER DWG D4381 REV. A  
B85391

*Rec 110*

PO Total:

\$455.00



Change Nbr: 2

Change Date: 6/13/12

*CY*

No substitution or deviation without consent.

Certificate of Conformity or Material  
Certification required ☒ YES ☐ NO



**VIP RUBBER COMPANY, INC.**  
**RUBBER AND PLASTIC PRODUCTS**

540 South Cypress Street  
La Habra, California 90631  
(562) 905-3456  
FAX (562) 905-3460  
Outside Calif. (830) 722-4VIP

**INVOICE NUMBER**

112809

S  
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DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAMMERSBURY, ONTARIO  
CANADA, K6A 1K7

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DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAMMERSBURY, ONTARIO  
CANADA, K6A 1K7

DATE	CUSTOMER ORDER	CUSTOMER NUMBER	F.O.B.	SALESMAN
JUL 23, 2012	PO17161	3626	ORIGIN	TOM

TERMS	SHIPPED VIA
Net 30 Days	FEDEX PL

QUANTITY SHIPPED	DESCRIPTION
110.00 EA	P/N D4381-1P X-TUBE STRAP BUMPER DMS D04381 REV A 85/CAST URETHANE, BLACK
INVOICE TOTAL	
ORDER COMPLETE.....THANK YOU.	
SHIPPING 1 CEN @ 118	
WE APPRECIATE YOUR BUSINESS	
BUY AMERICAN	

**MERCHANDISE NOT RETURNABLE AFTER 30 DAYS**

The goods hereby sold are warranted free from defects in workmanship and materials for sixty (60) days from shipment date to Buyer. No other express warranty is given and no affirmation of Seller, by words or action, shall constitute a warranty.

This warranty shall be limited to the repair or replacement of parts and the necessary labor and services required to repair the goods or, at Seller's option, a refund of the purchase price, provided that the defect is reported to Seller and the goods are returned to Seller within the warranty period. This warranty does not cover the results of ordinary wear and tear, or any part damaged by neglect, misused, accident, excessive deterioration due to corrosion from any cause, improper operation or maintenance, or any part damaged in the course of or as a result of installation, modification or adjustment performed by anyone other than the Seller or its authorized representative.

**IT IS EXPRESSLY AGREED THAT THIS LIMITED WARRANTY SHALL BE IN LIEU OF ALL WARRANTIES OF FITNESS AND IN LIEU OF THE WARRANTY OF MERCHANTABILITY. THERE ARE NO WARRANTIES WHICH EXTEND BEYOND THE DESCRIPTION OF THE FACE HEREOF.**

It is expressly agreed that replacement, repair or return of the goods and repayment of the purchase price, SHALL BE THE COLE AND EXCLUSIVE REMEDIES OF BUYER with respect to any non-conforming goods and parts thereof and shall be in lieu of any other remedy available by applicable law. Seller in no event shall be liable for consequential damages arising out of or in connection with this sale of goods, including without limitation breach of contract or repudiation by Seller. Consequential damages shall include, without limitation, loss of use, income or profit, or losses sustained as the result of injury (including death) to any person, or loss or damage to property.

The foregoing terms cannot be waived or modified except by a writing signed by Seller.

**A LATE CHARGE OF 1 1/2% PER MONTH (18% PER ANNUM) WILL BE MADE ON PAST DUE BALANCES.**

**DELIVERY RECEIPT**

NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order: _____  Part No. _____  NCR No. _____				<b>DISPOSITION</b>  Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/>		<b>AGAINST DEPARTMENT/PROCESS</b>  <div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/>            Machining <input type="checkbox"/>            Thermoforming <input type="checkbox"/>            Large Fab <input type="checkbox"/> </div> <div>           Crosstube <input type="checkbox"/>            Small Fab <input type="checkbox"/>            Finishing <input type="checkbox"/>            Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/>            Prod. Eng. Coord. <input type="checkbox"/>            Rec/Store/Packaging <input type="checkbox"/>            Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/>            Quality <input type="checkbox"/>            Other <input type="checkbox"/> </div> </div>					
<b>Root Cause</b>	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data <input type="checkbox"/>											
Equip/Tooling <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Material <input type="checkbox"/>											
Setup <input type="checkbox"/>											
Other <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>						
<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Grain	<input type="checkbox"/> Ovalized	<input type="checkbox"/> Pressure/Forced					
<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damaged	<input type="checkbox"/> Inspection Incomplete	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Weld					
<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Countersink	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other					
<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge						
<input type="checkbox"/> Ripples in Bend	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Offset							
<input type="checkbox"/> Torque Waves in Extrusion	<input type="checkbox"/> Drawing	<input type="checkbox"/> Out of Calibration							
<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							

All Materials  
Rubber  
Plastic  
TPE  
Molding  
Sheeting  
Extrusion  
Fabrication



Rubber and Plastic Products  
540 S. Cypress Street  
La Habra, CA 90631  
(562)905-3456 PHONE • (562) 905-3460 FAX  
[www.viprubber.com](http://www.viprubber.com)

Metal Bonding  
Silicone  
PSA  
Sponge  
Cut to Length  
Co-Extrusions  
Hot Metal Tape  
And More...

## CERTIFICATION OF CONFORMANCE

THIS IS TO CERTIFY THAT THE MATERIAL FURNISHED ON THIS PURCHASE ORDER WAS MADE IN  
STRICT ACCORDANCE WITH THE NOTED SPECIFICATION

**Sold to:**

DART AEROSPACE LTD  
1270 ABERDEEN ST  
HAWKESBURY, ONTARIO  
CANADA, \*\*\*\* K6A 1K7

**Ship to:**

DART AEROSPACE LTD  
1270 ABERDEEN ST.  
HAWKESBURY, ONTARIO  
CANADA, K6A 1K7

Lot #: 1-005  
Shipper ID: 112809  
P/N and DWG#: D4381-1P, DWG#: D4381 REV A

Quantity	
Ordered	Shipped
100 PCS	110 PCS

Customer PO# P017161

Cure Date: 3-Q-12

Date Shipped: 7/23/12

Description: X-TUBE STRAP BUMPER

EXCEPTION TO DWG NOTE 3 - QUOTED RMA COMMERCIAL TOLERANCE

Specification  
84/CAST URETHANE

DAS  
16  
9-89 12/4/31

Ramiro Soto  
Quality Control Inspector

PREPARED BY: CLAUDIA HARGETT

VIP Rubber Company, Inc. • 540 S. Cypress Street • La Habra • California • 90631 • 800-722-4VIP • 562-905-3456



NCR: Yes / No

**WORK ORDER NON-CONFORMANCE / UPDATE**

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

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Unapproved <input type="checkbox"/>											

FAULT CATEGORY									
<b>Landing Gear</b>			<b>General</b>						
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<input type="checkbox"/> Centre Not Concentric to O/S	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Hardware	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Temperature/Cure					
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<input type="checkbox"/> Crushed/Crimped	<input type="checkbox"/> Burrs	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Wrong Stock Pulled					
<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Part Moved						
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<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Misread	<input type="checkbox"/> Power Loss/Surge	<input type="checkbox"/> Other					
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<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Sequence							
<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Folio	<input type="checkbox"/> Outside Dimensions							